



Grantees interested in participating in training workshops and follow-up onsite help may contact Audrey Smolkin (asmolkin@hrsa.gov) for referrals and further information.

February 5, 2002

PHARMACY OPPORTUNITIES

There are many different opportunities available for grantees who want to provide comprehensive pharmacy services to their patients. Katheryne Richardson and Craig Hostetler spoke to grantees on February 5, 2002 about these opportunities and how CAP grantees may be able to take advantage of them.

Katheryne Richardson, a contractor for the Bureau of Primary Health Care's (BPHC) Office of Pharmacy Affairs, has extensive experience with manufacturer's Pharmaceutical Assistance Programs (PAP), having recently developed a handbook called "Pharmaceutical Assistance Programs: In Basic Language". Dr. Richardson began the call with a general discussion of PAPs and the range of ways organizations choose to approach utilizing these programs.

Dr. Richardson used the analogy of a staircase to explain existing PAP structures, where each stair step represents increasing levels of pharmaceutical support and the top of the staircase represents the free medications directly supplied by the drug companies. Organizations typically approach a PAP at one of three access points:

Patient-Initiated Process

Organizations can encourage their patients to apply for free pharmaceuticals on their own by providing them with phone numbers, website addresses, and other resources they need to initiate the process. Pocket cards with this information could be given to physicians and nurses to carry with them as a convenient reference for providing this information to patients during office visits.

Basic Information and Forms

A number of interesting websites have been developed that provide good basic information on a range of different PAPs. Some even offer downloadable forms for printing, completing, and sending in to drug manufacturers. Dr. Richardson cited RxAssist (www.rxassist.org), a website developed by Volunteers In Healthcare, as a good, no-cost example of such a site.

Database Management Resources

Database programs allow clinicians to store patient data and enter it electronically directly onto the forms required by the drug manufacturers. Many programs also generate reports and flag reminders for prescription renewals or patient re-applications as required. Such programs, which typically require a set-up fee along with \$50 - \$500 monthly maintenance fees, save valuable time and are especially useful to clinics that serve a large number of indigent patients.

State Assistance Programs

Some states, such as Florida, offer free access to high-level database management programs for certain health care organizations. Grantees are encouraged to research similar services that may be available in their state.

Dr. Richardson went on to note that previously there has been very little information available about PAPs, including where to go for information, and how to begin the process of obtaining free medications. Dr. Richardson conducted a study of 1000 community health centers (CHCs) and hospitals across the country to find out how they were approaching implementation of a PAP. Study results, which will be published in the American Journal of Health Systems Pharmacy this Spring, indicated that:

- Approximately 14 percent of respondents remained at “the bottom of the staircase”, meaning they were not working with direct manufacturer PAPs. These respondents were either unaware of the existence of these programs, or did not know how to access them on behalf of their clients. Among those organizations that did utilize direct manufacturer PAPs, 76 percent completed the required forms by hand. Only 10 percent of respondents had taken advantage of available high-level database programs.
- When asked how long it took to complete the necessary forms, respondents who completed forms by hand said it took an average of two hours, in sharp contrast to the average of 30 minutes it took respondents who completed computer-based forms. This demonstrates that moving from manual to electronic submission can enhance an organization’s efficiency by up to 400 percent.
- Approximately 20 percent of respondents charged a fee for their pharmacy services, ranging from \$.17 to \$10.00 per prescription. It should be noted that some manufacturers prohibit fee charging, and some states consider it dispensing and require the employment of a pharmacist.
- As for the net benefits of implementing a PAP, Dr. Richardson found that every organization that hired a staff person to handle the PAP, whether they were completing the forms by hand or using a computer, experienced a net benefit. Obtaining free pharmaceuticals for patients always outweighed the cost of the additional staff person. Also, each of the respondents that paid a fee to use a software program cited a positive return on investment for that purchase decision. This is not surprising in light of the fact that those organizations that had not implemented PAPs were, on average, spending at least \$100,000 each year on patient medications.

Tips for Implementing a PAP

1. If your organization is currently unable to implement its own system, provide your patients with the resources they need to pursue PAPs on their own.
2. Share administrative costs with your patients by charging a small fee.
3. Hire staff to manage your PAP program. This cost is most often easily off-set by the benefits received from participating in the program.
4. Set up a clinic staffed by medical, nursing, or pharmacy students, residents, and volunteers.
5. Utilize the technical assistance resources available through the OPA and CAP.

New Grants Available from the BPHC

Craig Hostetler, Senior Program Management Officer for BPHC's Office of Pharmacy Affairs, joined the call to discuss grant opportunities currently available to organizations planning to establish comprehensive pharmacy services. Craig's discussion focused on Policy Information Notice (PIN) 2002-10, which announced the availability of \$16-\$26 million to support service expansion and improvement activities at sites currently operated by organizations funded under any of the 330 Programs (i.e. Community Health Centers, Migrant Health Centers, and Healthcare for the Homeless/Homeless Children Programs). **The application deadline is March 1, 2002.**

Mr. Hostetler stressed that only 330-funded organizations may apply for the grants, and that the lead applicant organization must be either a Community Health Center (CHC) or Migrant Health Center (MHC). These grants are being awarded to networks of organizations rather than to individual organizations. To be eligible, a network must consist of at least two separate 330 grantees in addition to an appropriately selected group of local safety net providers. The networks should be organized to implement comprehensive pharmacy services that comprise three main components:

1. *Access to Affordable Medications:* Health centers should attempt to obtain pharmaceuticals at the lowest possible price by utilizing the PHS 340B Drug Pricing Program, the HRSA Prime Vendor Program, or by developing a system for accessing indigent patient Pharmaceutical Assistance Programs (PAP).
2. *Efficient Pharmacy Management:* Health centers should ensure that all potential revenue-generating opportunities be maximized and that the pharmacies they use, whether in-house or contracted, develop best business practices for the ordering, inventory and management of pharmaceuticals.
3. *Pharmaceutical Care:* Pharmacists should participate in the management of patients' drug therapy by providing extensive patient education and health promotion activities and preventing problems caused by drug interactions, inappropriate dosage amounts, or patient failure to follow prescribed drug therapy.

Mr. Hostetler emphasized that there are many ways to offer comprehensive pharmacy services to patients. For example, through the 340B program, a clinic does not necessarily have to open its own clinic, but can instead contract with a local pharmacy or disproportionate share pharmacy. The new implementation grants also do not require that the lead organization have an in-house pharmacy. Any one member of a network can offer the pharmacy services and contract the use of these services among other collaborative members.

The Office of Pharmacy Affairs provides extensive technical assistance to 330 grantees via its TA Helpline at 1-866-PHARMTA. While their focus is on 330 grantees, Mr. Hostetler noted that all grantees are welcome to call for assistance.

Mr. Hostetler offered some additional tips for implementation grant applications:

1. The **deadline is March 1, 2002**, so establishing an appropriate network is essential and must be completed ASAP.
2. A College of Pharmacy is not required as a member of the network. However, it is highly recommended. The college can assist the grantee by providing students and junior faculty members to share their expertise, and the college benefits by providing an opportunity for research and practice for its students. Priority may be given to grantees that include these colleges in their networks.
3. While these are implementation grants, organizations that already have a pharmacy in place but desire to enhance or expand it can still apply for a grant. Be creative with your proposal and be sure to establish your need to implement *comprehensive* pharmacy services.
4. All of the organizations in your network are not required to provide the same services, be in close geographic proximity, or be 330-funded. Only the lead organization must be a CHC or MHC.
5. Although the lead organization must be a CHC or MHC, a subcontract can be negotiated with another network member, including a CAP grantee, to handle the program's financial monitoring needs. As long as the lead grantee takes responsibility for the funds, subcontractors may be chosen in any way that facilitates program operations.

Closing Remarks

There are many opportunities for CAP grantees to obtain assistance in either implementing or enhancing a comprehensive pharmacy services program. Both Dr. Richardson and Mr. Hostetler have offered their services to grantees to help them decide which path is best for them. The Office of Pharmacy Affairs TA program and CAP's TA program are also available for grantees who need assistance.

Two very informative documents were disseminated to call participants, Dr. Richardson's report on PAPs and the PIN for the new BPHC grants. To obtain a copy of these documents, please contact Audrey Smolkin at asmolkin@hrsa.gov. A comprehensive list of related contacts and resources for further information about this topic is provided below.

FOR MORE INFORMATION:

Katheryne Richardson, Pharm.D.
Office of Pharmacy Affairs (OPA) Consultant
Krichardson3@cs.com
1-800-628-6297

Craig Hostetler, R.Ph.
Senior Program Management Officer
Office of Pharmacy Affairs
chostetler@hrsa.gov
301-594-4353
800-628-6297

Pharmacy Implementation Grant Application Address:
HRSA Grants Application Center
Attention: Grants Management Officer
901 Russell Avenue, Suite 450
Gaithersburg, Maryland 20879

Audrey Smolkin
CAP TA
asmolkin@hrsa.gov
215-861-4794

OPA's Pharmacy Assistance Line
866-PHARMTA

Office of Pharmacy Affairs Website
<http://www.hrsa.gov/odpp/>

Volunteers In Healthcare
877-844-8442

Pharmaceutical Assistance Program (PAP) Resources

Patient-Initiated Program Resources

The Medicine Corner
<http://www.themedicinecorner.com>

The Medicine Program
<http://www.themedicineprogram.com>

Indigent Patient Services
<http://indigentpatientservices.com>

Basic Information and Forms

Medicare

<http://www.medicare.gov/Prescription/Home.asp>

Needymeds

<http://www.needymeds.com>

The Pharmaceutical Research and Manufacturers of America (PhRMA)

<http://www.phrma.org/searchcures/dpdpap>

RxAssist

<http://www.rxassist.org>

RxHope

<http://www.rxhope.com>

Database Management Resources

IndiCare

<http://www.indicare.com>

M&D CARES

888-376-7409

MedData Services

<https://www.meddataservices.com>

PAPRx

<http://www.paprx.com>

State Assistance Programs

Commun-I-Care (South Carolina)

<http://www.commun-i-care.org/cic.html>

MedBank (Maryland)

<http://www.medbankmd.org/>

The Pharmacy Connection (Virginia)

<http://www.vhcf.org/pharm.htm>

Senior PHARMAssist (North Carolina)

<http://www.seniorpharmassist.org>

For more information on these programs, please contact Audrey Smolkin at asmolkin@hrsa.gov for a copy of Katheryne Richardson's report.